CON DENTIAL

SECURITY AT RVH

Note of a meeting held at 3.00 pm on 11 January 1979 in Room 424, Dundonald House.

PRESENT:

Mr J H Copeland (DHSS)

Mr Chesney (RUC)

Mr P G Kinder (Chief Administrative Officer) Mr Henry (RUC)

Mr J C G Jackson (District Administrative

Mr R Macrory (DHSS - Minutes)

Officer)

Miss Barratt (Principal Nursing Officer)

- 1. The meeting was called, following the incident at the Intensive Care Unit of the Royal Victoria Hospital in which a policeman on protection duty was shot and injured, to allow the Eastern Board representatives to make known to senior RUC officers the concern felt by nursing staff about what they saw as a lack of security within the hospital.
- 2. Miss Barratt strongly put the case for the nursing staff, alleging that they felt isolated and unprotected since the withdrawal of a permanent Army presence on the site, especially as they saw the internal security guard as ineffective in this type of situation. Night staff felt particularly vulnerable, and she called for a permanent 24-hour Army or RUC guard, which could provide an immediate response to any incident or call for assistance.
- 3. Mr Kinder agreed that this latest incident was likely to result in further calls from certain quarters for increased RUC/Army presence on the site. Such an increase could, however, result in an escalation of incidents and also in unrest among other staff. There had to be a careful balance in the situation and to fulfil properly its hospital role the site could not become a "fortress".
- 4. Mr Copeland, while sympathetic with the nurses' concern about security, said that Mr Kinder's points had also to be taken into consideration. It was for the Security Forces to decide how best to assist security on the site, but indications were that the did not favour a permanent guard which was expensive in manpower and was probably less effective in some respects as frequent patrols at irregular intervals Perhaps one solution was better arrangements for quick response by the RUC etc to any calls by nurses and other staff. He invited Mr Chesney and Mr Henry to respond to the points and case made by the Board representatives.

- 5. Mr Chesney said he understood the difficulties but was not disposed for various reasons to providing a permanent police guard within the hospital. However, he and Mr Henry could see no objection to increasing mobile patrols on the hospital site and this would be considered as would any necessary improvement in communications. He suggested that Mr Ecott, (Chief Security Officer), Mr Jackson and Chief Superintendent Henry should meet urgently to discuss the problems/ and to seek solutions, and should continue such liaison in the future.
- 6. There was general agreement with Mr Chesney's proposal, and the following measures should be considered:-
  - (a) the establishment of a more obvious police presence on the site;
  - (b) methods of increasing the speed of access to, and communication with, the RUC from within the hospital; and
  - (c) Any possible improvements in protection for policemen guarding patients.
- 7. As the RUC representatives quoted a few instances where patients requiring protection appeared to be suitable for hospital treatment elsewhere than the RVH, Mr Copeland stressed the importance of ensuring that, where possible, such cases were referred in the first instance to other hospitals. Medical decisions were involved but he would arrange that relevant parties would be reminded of the guidance in this matter.

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